

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 01043554 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
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TOTAL I.D.			2			
TOTAL D.P.				2		
TOTAL C. CLAIMS						

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
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